

# Foster Family Home - Corrective Action Report

Provider ID: 5-160019

Home Name: Annette Rivera, CNA

Review ID: 5-160019-3

5188 Apelila Street

Reviewer: David Ayling

Kapa'a HI 96746

Begin Date: 6/3/2019

## Foster Family Home

## Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 6/3/19.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 3 bed certification.

Compliance Manager

Primary Care Giver

Date

Date